



Denver Public Schools

SIT Body of Evidence for Social-Emotional Learning

To be completed by the Designated Consultant and the Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ Date: _____

Referring Person: _____ Date: _____

What is the problem? Please identify/attach all applicable data.

Does the student have a medical diagnosis? Y N Explain: _____
Targeted Assessment data (if administered): SIEVE: _____ BASC- 2: _____ Attention: _____ Adaptive: _____ Other: _____ Observation: _____ Teacher/student/parent Interview: _____
Progress Monitoring data: Behavior: _____ Outcome Goal: _____ Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____ Behavior: _____ Outcome Goal: _____ Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____
Areas of Strength: _____
Most Significant Concern: _____
How does student data compare to classroom peers? Have cultural differences been ruled out? Yes ____ No ____ If no, has a SIT Cultural and Linguistic Form been completed? Yes ____ No ____ Have other medical reasons been rules out? Yes ____ No ____

Functional Behavioral Assessment:

Setting event	Antecedent	Behavior	Consequence

Intervention Checklist (Document any and all interventions and accommodations tried to date):

Accommodations: <input type="checkbox"/> Seating Change <input type="checkbox"/> Additional Time <input type="checkbox"/> Frequent Checks for Understanding <input type="checkbox"/> Positive Verbal Reinforcement <input type="checkbox"/> Peer Mentor/Support <input type="checkbox"/> Reward System (tangible) <input type="checkbox"/> Timer <input type="checkbox"/> Time out in classroom <input type="checkbox"/> Removal from classroom <input type="checkbox"/> Parent Communication Describe: _____ <input type="checkbox"/> Additional Supervision <input type="checkbox"/> Other: _____	Research Based Interventions: Name: _____ Duration: _____ Intensity: _____ Group Size: _____ Results: _____	Please attach (if appropriate): <input type="checkbox"/> Evidence and outcomes of all accommodations <input type="checkbox"/> Functional Behavioral Assessment/Behavior Support Plan <input type="checkbox"/> Point Sheets/Contracts <input type="checkbox"/> Progress Monitoring Graphs <input type="checkbox"/> Behavior Checklists <input type="checkbox"/> Classroom Observations <input type="checkbox"/> IC Data <input type="checkbox"/> Other Important Data <input type="checkbox"/> SWIS
---	---	--